

GW-19

P.O. Box 1069 ■ Little Rock, Arkansas 72203

Phone (501) 225-1598 Fax (501) 225-3590

TO: W	AREHOUSE MANAGER		
FROM:	OM: GRAIN WAREHOUSE SECTION, MANAGER GRAIN WAREHOUSE AND CATFISH PROCESSOR SECTION		
SUBJECT:	PERSON(S) AUTHORIZED TO SIGN WAREHOUSE RECEIPTS		
Please obtain Return to:	signature(s) of person(s) <u>authorize</u> State Plant Board Grain Warehouse Section	d to sign warehou	use receipts when issued.
1.			
P	LEASE PRINT NAME		SIGNATURE
2.			
P	LEASE PRINT NAME		SIGNATURE
3.			
PLEASE PRINT NAME			SIGNATURE
4.			
P	LEASE PRINT NAME		SIGNATURE
Name of Com	npany:		
Address:			
City:		State:	Zip: